

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT—LONG FORM AND

CONSOLIDATED CAMPAIGN STATEMENT (Government Code Sections 84200-84217) Type or Print in Ink

PAGE 1 OF 19



FORM 490
1988

Statement covers period 2/28/88 through 3/26/88

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED.

☒ PRE-ELECTION STATEMENT

☐ SEMI-ANNUAL STATEMENT

☐ SPECIAL ODD-YEAR CAMPAIGN REPORT

☐ TERMINATION STATEMENT

Attach a Form 415 to this form 490.

☐ SUPPLEMENTAL PRE-ELECTION
STATEMENT (If filing a Supplemental
Pre-Election Statement, you must
complete Form 495 and attach it to
this statement.)

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)
April 12, 1988

TOTAL PAGES

19

A

OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER

Susan Hitchcock Akin

OFFICE SOUGHT OR HELD (Include location and district number if applicable)

City Council

RESIDENTIAL ADDRESS NO. AND STREET

141 S. Avena Ave

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE / PHONE NUMBER

209-334-9362

BUSINESS ADDRESS NO. AND STREET

II CONTROLLED COMMITTEES* INCLUDED IN THIS CONSOLIDATED REPORT (IF APPLICABLE)

NAME OF COMMITTEE

Committee for Susan Hitchcock Akin

ID NUMBER

880541

ADDRESS OF COMMITTEE NO. AND STREET

141 Avenan

Lodi

CITY

STATE

CA

ZIP CODE

95240

AREA CODE / PHONE NUMBER

209-334-9362

NAME OF TREASURER

Nancy Wall

PERMANENT ADDRESS OF TREASURER NO. AND STREET

1026 Port Chelsea Circle

Lodi

CITY

STATE

CA

ZIP CODE

95240

AREA CODE / BUSINESS PHONE NUMBER

209-334-1101

NAME OF COMMITTEE

ID NUMBER

ADDRESS OF COMMITTEE NO. AND STREET

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER NO. AND STREET

SEE ATTACHED FORM

or indirectly by a candidate or which acts jointly with a candidate or controlled committee in
controls a committee if the candidate, the candidate's agent, or any other committee he or she
of the committee.

ation sheets.

ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED
YOU OR ARE PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE
ADIDACY.

COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE?	
		YES	NO

uation sheets.

VERIFICATION

I have used all reasonable diligence and, if one or more controlled committees are included in this report, to the best of my knowledge the
treasurer has used all reasonable diligence in preparing this statement. I have reviewed the Statement and to the best of my knowledge the infor-
mation contained herein and in the attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____ by _____
(Date) (City and State) (Signature of Candidate or Officeholder)

TASURER(S) (if applicable):

I have used all reasonable diligence in preparing this Statement and to the best of my knowledge the information contained herein and in the
attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____ by _____
(Date) (City and State) (Signature of Treasurer)

Executed on _____ at _____ by _____
(Date) (City and State) (Signature of Treasurer)



FORM 420
1988

RECIPIENT COMMITTEE
CAMPAIGN STATEMENT
(Government Code Sections 84200-84217)

PAGE 1 OF 19

Type or Print in Ink
Statement covers period 3/4/88 through 3/31/88 *egm*

CITY CLERK'S COPY

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED.

- ☒ PRE-ELECTION STATEMENT
☐ SEMI-ANNUAL STATEMENT
☐ SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)
☐ BALLOT MEASURE QUALIFICATION STATEMENT
☐ SPECIAL ODD-YEAR CAMPAIGN REPORT
☐ TERMINATION STATEMENT (Attach a Form 415 to this Form 420.)

A OFFICIAL USE ONLY

NAME OF COMMITTEE: Committee for Susan Hitchcock Akin I.D. NUMBER 880541

ADDRESS OF COMMITTEE: NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
141 S. Arena Ave Lodi Ca. 95240 209.334-9362

NAME OF TREASURER: Nancy Wall

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE/BUSINESS PHONE NUMBER
1026 Port Chelsea Circle Lodi Ca. 95240 209.334-1101

II. IS THIS A SPONSORED COMMITTEE? (See definition on reverse)
☐ YES ☒ NO

III. IS THIS A CONTROLLED COMMITTEE? (See definition on reverse)
☒ YES (If yes, candidate or officeholder must verify the campaign statement) ☐ NO

DATE OF ELECTION (Mo., Day, Yr.) (If applicable):

4-12-88

IV. CANDIDATES OR STATE MEASURE PROPONENTS CONTROLLING THIS COMMITTEE; CANDIDATES, STATE MEASURE PROPONENTS OR COMMITTEES WITH WHICH THIS COMMITTEE ACTS JOINTLY. NOTE: If this committee is controlled by more than one candidate, the name of each controlling candidate must be listed below.

NAME OF CANDIDATE, STATE MEASURE PROPONENT OR AFFILIATED COMMITTEE. IF CANDIDATE, ALSO PROVIDE THE NAME OF THE ELECTIVE OFFICE SOUGHT OR HELD, AND DISTRICT NUMBER, IF ANY. IF ACTING JOINTLY WITH ANOTHER COMMITTEE, IDENTIFICATION NUMBER OF COMMITTEE OR TREASURER'S NAME AND PERMANENT STREET ADDRESS

V. CANDIDATE(S) OR MEASURE(S) FOR WHICH THIS COMMITTEE IS PRIMARILY FORMED

NAME OF CANDIDATE OR MEASURE	SUPPORT	OPPOSE	OFFICE OF CANDIDATE OR	BALLOT MEASURE NUMBER OR LETTER AND JURISDICTION
<u>Susan Hitchcock Akin</u>	<u>X</u>		<u>Lodi City Council</u>	

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 3/30/88 AT Lodi, Ca. BY Nancy Wall
(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

A CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT WHO CONTROLS A COMMITTEE MUST ALSO VERIFY THE CAMPAIGN STATEMENT.

I HAVE USED ALL REASONABLE DILIGENCE AND TO THE BEST OF MY KNOWLEDGE THE TREASURER HAS USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 3/30/88 AT Lodi, Ca. BY [Signature]
(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE, OFFICEHOLDER OR PROPONENT)

EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE, OFFICEHOLDER OR PROPONENT)

EXECUTED ON _____ AT _____ BY _____
(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE, OFFICEHOLDER OR PROPONENT)

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FROM THROUGH

2-28-88 | 3-26-88

ID NUMBER

880541

[illegible]

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CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

 STATEMENT COVERS PERIOD
 FROM 2/28 3/26
 3/24/88 3/31/88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Committee For Susan Hitchcock Akin

I.D. NUMBER (IF COMMITTEE)

880541

CONTRIBUTIONS RECEIVED

	COLUMN A Cumulative total from previous period*
1. Monetary contributions	\$ 185.00
2. Loans received	500.00
3. SUBTOTAL CASH RECEIPTS	\$ 685.00
4. Non-monetary contributions	0
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	685.00
6. Enforceable Promises (Except loan guarantees, see Line 18 below)	0
7. TOTAL CONTRIBUTIONS	\$ 685.00

COLUMN B
Total this period from
attached schedules
 \$ 583.00
 SCHEDULE A, LINE 3

 0
 SCHEDULE B, LINE 7

 \$ 583.00
 LINES 1 + 2

 0
 SCHEDULE C, LINE 3

 583.00
 LINES 3 + 4

 0
 SCHEDULE D, LINE 7

 \$ 583.00
 LINES 5 + 6
COLUMN C
Cumulative to date
(Columns A + B)

\$ 768.-

500.-

\$ 1268.-

0

1268.-

0

\$ 1268.-

 LINES 5 + 6
 (SHOULD EQUAL LINE 7,
 COLUMNS A + B)

EXPENDITURES MADE

8. Payments	\$ 0
9. Loans Made	0
10. SUBTOTAL	0
11. Accrued expenses (unpaid bills)	0
12. TOTAL EXPENDITURES	\$ 0

 \$ 994.66
 SCHEDULE E, LINE 5

 0
 SCHEDULE EE, LINE 7

 994.66
 LINES 8 + 9

 0
 SCHEDULE F, LINE 5

 \$ 994.66
 LINES 10 + 11

\$ 994.66

0

994.66

0

\$ 994.66

 LINES 10 + 11
 (SHOULD EQUAL LINE 12,
 COLUMNS A + B)

 *IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK
 EXCEPT FOR LINES 2, 6, 9 AND 11.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.)	\$ 685.00	
14. Cash receipts this period (Line 3, Column B above)	583.00	
15. Miscellaneous increases to cash (Schedule G, Line 4)	0	
16. Cash payments this period (Line 10, Column B above)	994.66	
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.)		\$ 273.34
18. Amount of loan guarantees received (Schedule B, Part I, Column (b)).		\$ 0
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse		\$ 0
20. Outstanding debts (Line 2 + Line 11 of Column C above)		\$ 500.00

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

21. CONTRIBUTIONS RECEIVED:

22. EXPENDITURES MADE:

1/1 THRU 6/30	7/1 TO DATE

SCHEDULE A
MONETARY CONTRIBUTIONS RECEIVED
FORM 420 OR 490
(Amounts May Be Rounded To Whole Dollars)

PAGE 4 OF 19

STATEMENT COVERS PERIOD
FROM 3/4/88 THROUGH 3/31/88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Susan Hitchcock Akin

I.D. NUMBER (IF COMMITTEE)

880541

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		AMOUNT	
		Occupation:	Employer:	RECEIVED THIS PERIOD	CUMULATIVE TO DATE
3/16/88	Joyce N. Sullivan 1819 Edgewood Dr. Lodi, Ca. 95240	Unknown	Unknown	100.-	100.-
3/25/88	Michael L. Brandt 1543 Hack Ave Campbell, Ca. 95008	Teacher	DeAnza College	100.-	100.-
		Occupation:	Employer:		
		Occupation:	Employer:		
		Occupation:	Employer:		
		Occupation:	Employer:		
		Occupation:	Employer:		
		Occupation:	Employer:		
		Occupation:	Employer:		
SUBTOTAL				200.-	

SUMMARY

- | | |
|---|-----------------------------|
| 1. AMOUNT RECEIVED -- CONTRIBUTIONS OF \$100 OR MORE
(Include all Schedule A subtotals) | \$ <u>200.⁰⁰</u> |
| 2. AMOUNT RECEIVED -- CONTRIBUTIONS OF LESS THAN \$100 (Not itemized) | <u>383.⁰⁰</u> |
| 3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD
(Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page. | \$ <u>583.⁰⁰</u> |

SCHEDULE A
MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)
FORM 420 OR 490
 (Amounts May Be Rounded To Whole Dollars)

PAGE 5 OF 19

STATEMENT COVERS PERIOD
 FROM _____ THROUGH _____

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION		AMOUNT	
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>		RECEIVED THIS PERIOD	CUMULATIVE TO DATE
		Occupation:			
		Employer:			
		Occupation:			
		Employer:			
		Occupation:			
		Employer:			
		Occupation:			
		Employer:			
		Occupation:			
		Employer:			
		Occupation:			
		Employer:			
		Occupation:			
		Employer:			
		Occupation:			
		Employer:			
SUBTOTAL					

SCHEDULE B -- LOANS RECEIVED (PART 1)
FORM 420 OR 490
(Amounts May Be Rounded To Whole Dollars)

PAGE 6 OF 19

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

STATEMENT COVERS PERIOD
FROM THROUGH

I.D. NUMBER (if COMMITTEE)

PART I: LOANS RECEIVED

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMU- LATIVE TO DATE
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
SUBTOTAL					(a)	

FULL NAME AND ADDRESS OF GUARANTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	AMOUNT GUARANTEED
	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	
NAME OF LENDER	Occupation:	
	Employer:	
NAME OF LENDER	Occupation:	
	Employer:	
SUBTOTAL <small>DO NOT CARRY THIS AMOUNT TO THE SUMMARY BELOW. ENTER ON LINE 18 OF THE SUMMARY PAGE.</small>		(b) \$

SUMMARY

1. LOANS OF \$100 OR MORE RECEIVED THIS PERIOD (Part 1 (a))	\$	
2. LOANS UNDER \$100 RECEIVED THIS PERIOD (Not itemized)		
3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)		
4. LOANS OF \$100 OR MORE REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Part 2, Column (c))		
5. LOANS UNDER \$100 REPAID, FORGIVEN OR PAID BY A THIRD PARTY (not previously itemized) (If forgiven or paid by a third party, also enter amount on Line 2 of the summary section of Schedule A)		
6. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5)		
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page		\$

(May be neg-
ative figure)

SCHEDULE B -- LOANS RECEIVED (PART 1)
(CONTINUATION PAGE)
FORM 420 OR 490
 (Amounts May Be Rounded To Whole Dollars)

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STATEMENT COVERS PERIOD	
FROM	THROUGH

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

PART I: LOANS RECEIVED

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	INT RATE	DUE DATE	AMOUNT OF LOAN	CUMU- LATIVE TO DATE
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
SUBTOTAL					(a)	

FULL NAME AND ADDRESS OF GUARANTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION	AMOUNT GUARANTEED
	EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	
<i>NAME OF LENDER</i>	Occupation:	
	Employer:	
<i>NAME OF LENDER</i>	Occupation:	
	Employer:	
<i>NAME OF LENDER</i>	Occupation:	
	Employer:	
<i>NAME OF LENDER</i>	Occupation:	
	Employer:	
SUBTOTAL		(b) \$

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STATEMENT COVERS PERIOD
FROM | THROUGH

I.D. NUMBER (IF COMMITTEE)

[illegible]

(c)

(d)

**SCHEDULE B -- LOANS RECEIVED (PART 3)
ANNUAL REPORT OF OUTSTANDING LOANS RECEIVED
FORM 420 OR 490**

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(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
2/28 FROM	3/26 THROUGH
3/4/88	3/31/88
I.D. NUMBER (IF COMMITTEE)	
880 541	

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Susan Hitchcock Akin

PART 3 -- ANNUAL REPORT OF OUTSTANDING LOANS RECEIVED -- SEE INSTRUCTIONS ON REVERSE BEFORE COMPLETING.

FULL NAME OF THE LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
David & Susan Akin 141 S. Avena Lodi, Ca. 95240	2/22/88	500.-	500.-	Ø
TOTAL			500.-	

(NOTE: THIS TOTAL SHOULD BE THE SAME AMOUNT AS ENTERED ON LINE 2, COLUMN C OF THE SUMMARY PAGE.)

**SCHEDULE C
NON-MONETARY CONTRIBUTIONS RECEIVED
FORM 420 OR 490**

PAGE 10 OF 19

(Amounts May Be Rounded To Whole Dollars)

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

STATEMENT COVERS PERIOD
FROM THROUGH

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION		DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMU- LATIVE AMOUNT
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
SUBTOTAL						

SUMMARY

1. NON-MONETARY CONTRIBUTIONS OF \$100 OR MORE RECEIVED THIS PERIOD. \$ _____
2. NON-MONETARY CONTRIBUTIONS UNDER \$100 RECEIVED THIS PERIOD (Not itemized). \$ _____
3. TOTAL NON-MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD
(Line 1 + Line 2) Enter here and on Line 4 Column B of Summary Page. \$ _____

**SCHEDULE D
ENFORCEABLE PROMISES TO MAKE A PAYMENT
(Other Than Loan Guarantees,
Loan Endorsements and Loan Security)
FORM 420 OR 490**

PAGE 11 OF 19

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises to make a payment." However, such promises must be reported on Schedule B, NOT Schedule D.

(Amounts May Be Rounded To Whole Dollars)

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:	STATEMENT COVERS PERIOD FROM _____ THROUGH _____
	I.D. NUMBER (IF COMMITTEE)

DATE REC'D.	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION		AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD <small>(ALSO ENTER ON SCHEDULE A)</small>	CUMU- LATIVE AMOUNT UNPAID
		EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
		Occupation:				
		Employer:				
SUBTOTAL				(a)	(b)	

SUMMARY

- 11 AMOUNTS PROMISED OF \$100 OR MORE THIS PERIOD (Column (a))
- 21 AMOUNTS PROMISED UNDER \$100 THIS PERIOD (Not itemized)
- 31 TOTAL PROMISES RECEIVED THIS PERIOD (Line 1 + 2)
- 41 PROMISES OF \$100 OR MORE PAID THIS PERIOD (Column (b))
- 51 PROMISES UNDER \$100 PAID THIS PERIOD (Not itemized)
- (Also enter on Line 2 of the summary section of Schedule A)
- 61 TOTAL PROMISES PAID (Line 4 + 5)
- 71 NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3)
Enter the difference here and on Line 6, Column B of Summary Page

	\$
	\$
<small>(May be negative figure)</small>	

**SCHEDULE E
PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE
FORM 420 OR 490**

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(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
2/28 FROM	3/76 THROUGH
3/4/88	3/31/88
I.D. NUMBER (IF COMMITTEE)	
880541	

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

Committee for Susan Hitchcock Akin

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the back of page 12 for detailed explanations of each category.

"C" -- MONETARY & IN-KIND CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES

"O" -- OUTSIDE ADVERTISING

"I" -- INDEPENDENT EXPENDITURES TO SUPPORT OR OPPOSE OTHER CANDIDATES OR MEASURES

"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"L" -- LITERATURE

"F" -- FUNDRAISING EVENTS

"B" -- BROADCAST ADVERTISING

"G" -- GENERAL OPERATIONS AND OVERHEAD

"N" -- NEWSPAPER AND PERIODICAL ADVERTISING

"T" -- TRAVEL, ACCOMMODATIONS AND MEALS

"P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Joaquin Lumber P.O. Box 71 Stockton, Ca. 95201	O		80.56
Duncan Press Inc. 25 W. Lockeford St. Lodi, Ca. 95240	O		274.54
Lodi Printing Co. P.O. Box 479 Lodi, Ca. 95241	L		239.56
Lodi News Sentinel Church St. Lodi, Ca. 95240	N		400.-
SUBTOTAL			<u>994.66</u>

IMPORTANT: Contributions and expenditures made out of campaign funds to or on behalf of other candidates or committees must also be entered on the Allocation Page, Page 2.

SUMMARY

- PAYMENTS OF \$100 OR MORE MADE THIS PERIOD
(Include all Schedule E subtotals) \$ 914.10
- PAYMENTS UNDER \$100 THIS PERIOD (Not itemized) 80.56
- TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS
(Schedule B, Part 2, Column (d)) 0
- TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4) 0
- TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page \$ 994.66

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NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

ID NUMBER (H COMMITTEE)

- 13 -

**SCHEDULE EE
LOANS MADE TO OTHERS
FORM 420 OR 490**
(Amounts May Be Rounded To Whole Dollars)

PAGE 14 OF 19

STATEMENT COVERS PERIOD
FROM _____ THROUGH _____

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

PART I: LOANS MADE TO OTHERS

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT	INT. RATE	DUE DATE	AMOUNT	CUMULATIVE AMOUNT
SUBTOTAL					

PART 2: LOAN REPAYMENTS RECEIVED BY THIS CANDIDATE, OFFICEHOLDER OR COMMITTEE AND LOANS FORGIVEN BY THIS CANDIDATE, OFFICEHOLDER OR COMMITTEE

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INT. RATE (IF CHANGED)	FORGIVEN/PAID BY THIRD PARTY <small>FORGIVEN LOANS: Enter "Forgiven." ALSO itemize forgiven loans on Schedule E. PAYMENT BY THIRD PARTY: Enter name and address of third party.</small>	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL (DO NOT INCLUDE RECEIPT OF INTEREST)	OUT-STANDING PRINCIPAL	INTEREST RECEIVED*
SUBTOTAL					(a)		

* TOTAL ALL INTEREST RECEIVED THIS PERIOD. ALSO ENTER ON LINE 3 OF THE SUMMARY SECTION OF SCHEDULE G. DO NOT CARRY THIS TOTAL TO THE SUMMARY BELOW.

TOTAL INTEREST RECEIVED THIS PERIOD

(b)

SUMMARY

1. LOANS OF \$100 OR MORE THIS PERIOD (Part 1)
2. LOANS UNDER \$100 THIS PERIOD (Not itemized)
3. TOTAL LOANS MADE (Line 1 + 2)
4. PAYMENTS RECEIVED ON LOANS OF \$100 OR MORE (Including a forgiveness or payment by a third party) (Part 2, Column (a))
5. PAYMENTS RECEIVED ON LOANS UNDER \$100 (Including a forgiveness or payment by a third party) (Not itemized)
6. TOTAL LOAN REPAYMENTS RECEIVED THIS PERIOD (Line 4 + 5)
7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3)
Enter the difference here and on Line 9, Column B of Summary Page

\$	
\$	

(May be negative figure)

SCHEDULE EE - LOANS MADE TO OTHERS
(CONTINUATION SHEET)
FORM 420 OR 490
(Amounts May Be Rounded To Whole Dollars)

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STATEMENT COVERS PERIOD
FROM THROUGH

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

PART I: LOANS MADE TO OTHERS

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT	INT. RATE	DUE DATE	AMOUNT	CUMULATIVE AMOUNT
SUBTOTAL					

PART 2: LOAN REPAYMENTS RECEIVED BY THIS CANDIDATE, OFFICEHOLDER OR COMMITTEE AND LOANS FORGIVEN BY THIS CANDIDATE, OFFICEHOLDER OR COMMITTEE

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INT. RATE (IF CHANGED)	FORGIVEN/PAID BY THIRD PARTY	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL (DO NOT INCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED*
				FORGIVEN LOANS: Enter "Forgiven." ALSO itemize forgiven loans on Schedule E. PAYMENT BY THIRD PARTY: Enter name and address of third party.			
SUBTOTAL					(a)		

*TOTAL ALL INTEREST RECEIVED THIS PERIOD, ALSO ENTER ON LINE 3 OF THE SUMMARY SECTION OF SCHEDULE G. DO NOT CARRY THIS TOTAL TO THE SCHEDULE EE SUMMARY.

TOTAL INTEREST RECEIVED THIS PERIOD

(b)

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FROM | THROUGH

I.D. NUMBER (IF COMMITTEE)

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
SUBTOTAL				

- 16 -

(Amounts May Be Rounded To Whole Dollars)

SCHEDULE COVERS PERIOD
FROM | THROUGH

I.D. NUMBER (IF COMMITTEE)

- 17 -

**SCHEDULE F
ACCRUED EXPENSES
(UNPAID BILLS)
FORM 420 OR 490**

(Amounts May Be Rounded To Whole Dollars)

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STATEMENT COVERS PERIOD
FROM _____ THROUGH _____

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

CODES FOR CLASSIFYING ACCRUED EXPENSES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule for detailed explanations of each category.

"C" -- MONETARY & IN-KIND CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES

"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"I" -- INDEPENDENT EXPENDITURES

"F" -- FUNDRAISING EVENTS

"L" -- LITERATURE

"G" -- GENERAL OPERATIONS AND OVERHEAD

"B" -- BROADCAST ADVERTISING

"T" -- TRAVEL, ACCOMMODATIONS AND MEALS

"N" -- NEWSPAPER AND PERIODICAL ADVERTISING

"P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

"O" -- OUTSIDE ADVERTISING

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Outstanding Payment" column.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TRIASJURI R'S NAME AND ADDRESS)	CODE OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
SUBTOTAL			

IMPORTANT: Do not itemize the *payment* of accrued expenses on Schedules E or F. Report the lump sum of these payments on Schedule F, Line 4 and on Schedule E, Line 4. Do not re-itemize accrued expenses which have been reported in a previous period.

SUMMARY

1. ACCRUED EXPENSES OF \$100 OR MORE THIS PERIOD	\$	
2. ACCRUED EXPENSES OF UNDER \$100 THIS PERIOD (Not itemized)		
3. TOTAL ACCRUED EXPENSES INCURRED THIS PERIOD (Line 1 + 2)		
4. ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Enter here and on Schedule E, Line 4)		
5. NET CHANGE THIS PERIOD (Subtract Line 4 from Line 3) Enter difference here and on Line 11, Column B of Summary Page	\$	

(May be negative figure)

**SCHEDULE G
MISCELLANEOUS INCREASES TO CASH POSITION
FORM 420 OR 490**

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(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD:
FROM _____ THROUGH _____

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

DATE REC'D.	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF ADJUSTMENT	AMOUNT OF INCREASE TO CASH
SUBTOTAL			

SUMMARY

- | | |
|--|----------|
| 1. INCREASES TO CASH OF \$100 OR MORE THIS PERIOD | \$ _____ |
| 2. INCREASES TO CASH UNDER \$100 THIS PERIOD (Not itemized) | _____ |
| 3. TOTAL OF ALL INTEREST RECEIVED THIS PERIOD ON LOANS MADE TO OTHERS
(Schedule EE, Part 2 (b)) | _____ |
| 4. TOTAL MISCELLANEOUS INCREASES TO CASH THIS PERIOD
(Line 1 + 2 + 3) Enter here and on Line 15 of Summary Page | \$ _____ |